

The
Scottish
Parliament

Health and Community Care Committee

11th Report 2002

**Annual Report of the Health and
Community Care Committee for the
Parliamentary Year
12 May 2001 to 11 May 2002**

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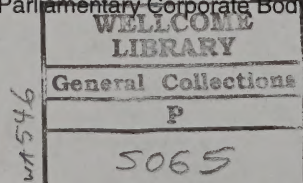
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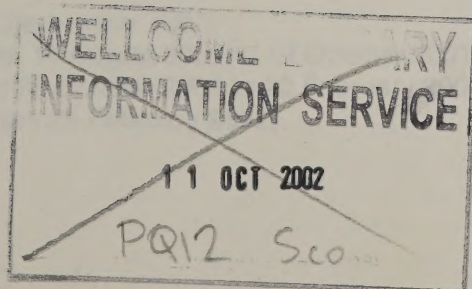


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Health and Community Care Committee

Remit and membership (12 May 2001 – 11 May 2002)

Remit

The remit of the Health and Community Care Committee is to consider and report on matters relating to health policy and the National Health Service in Scotland and such other matters as fall within the responsibility of the Minister for Health and Community Care.

Membership

Mrs Margaret Smith (Convener)
Margaret Jamieson (Deputy Convener)
Bill Butler (from 6 December 2001)
Dorothy-Grace Elder
Janis Hughes
John McAllion
Shona Robison
Mary Scanlon
Richard Simpson (to 6 December 2001)
Nicola Sturgeon

Committee Clerking Team

Clerk to the Committee
Jennifer Smart

Senior Assistant Clerk
Peter McGrath

Assistant Clerk
Joanna Hardy (to 4 September 2001)
Fraser Marwick (from 14 August 2001 to 19 October 2001)
Graeme Elliott (from 22 October 2001 to 22 February 2002)
Michelle McLean (from 25 February 2002).



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The Committee reports to the Parliament as follows—

Introduction

1. The Committee has had a varied and busy year, with our work ranging from publishing a report calling for compensation to be awarded to hepatitis C sufferers infected through NHS blood transfusions to scrutinising the Executive's legislative proposals on introducing free personal care for the elderly.

Inquiries and reports

2. The Committee published 18 formal reports over the period. Fourteen of these related to subordinate legislation, two were reports on inquiries, one was our annual report, and the other was a report to Parliament on the general principles of a Bill. We produced three other important papers not having the status of formal Parliamentary reports: a report on the draft NHS budget and two reports on Bills as a secondary Committee.

3. One of the Committee's most substantial pieces of work was our detailed report on hepatitis C, which recommended that compensation should be awarded to anyone who contracted hepatitis C from an NHS blood transfusion without having to establish negligence in the courts. We also recommended that an expert group should be set up to re-examine the current fault-based system for awarding compensation for injuries suffered on the NHS, which we considered cumbersome and often unfair.

4. We are delighted that the Executive accepted our second recommendation, and note that the door has apparently not yet been closed on assisting hepatitis C sufferers on a no-fault basis. We still intend to work towards a satisfactory conclusion for sufferers and their families.

5. Mention should also be made of the Committee's important work in scrutinising the draft 2003/2004 NHS budget. As well as taking evidence from the Scottish Executive, the Committee heard from Lothian and Highlands & Islands health boards. The latter session involved the Committee holding its first meeting outside of Edinburgh, when we travelled to Inverness to take evidence on the

challenge of providing an integrated health care service in a predominantly rural area. The evidence we took from both boards helped inform our budget recommendations to the Executive.

Bills

6. The Committee scrutinised no less than five varied Bills. First, we concluded our consideration of the Regulation of Care (Scotland) Bill, which set up a new regulatory framework for care services in Scotland. Much of our time was then spent considering the Community Care and Health (Scotland) Bill, which sought to implement the Scottish Executive's flagship policy of providing free personal care for older people. In a 2000 report, the Committee endorsed the principle of free personal care, which helped create the momentum for this legislation, and it gave us great satisfaction to play a key role in assisting its progress through Parliament. We nonetheless applied ourselves carefully to scrutinising the Bill, and are pleased that many of our recommendations, such as that there should be a definition of personal care on the face of the Bill, and that carers should have enhanced rights to information, were subsequently accepted by the Executive.

7. The Committee also considered the Tobacco Advertising and Promotion (Scotland) Bill, a member's Bill, which sought to restrict tobacco advertising. After ascertaining that the UK government intended to support a similar Westminster private member's Bill, the Committee suspended consideration of the Scottish Bill. This was on the understanding that in the unlikely event of the UK Bill falling, the Committee could re-commence consideration of the Scottish Bill.

8. Lastly, the Committee took evidence on two Bills as a secondary Committee (i.e., a Committee reporting on aspects of the Bill to the lead Committee). These were the Scottish Public Services Ombudsman Bill, an Executive Bill to unify the public services ombudsman system in Scotland, and the School Meals (Scotland) Bill, a member's Bill to introduce a system of universal free school meals, which is still proceeding through Parliament.

Subordinate legislation

9. The Committee considered 71 Scottish Statutory Instruments over the period, more than almost any other subject Committee. Twenty-six were affirmative instruments and 45 were subject to the negative procedure.

Petitions

10. The Committee considered 28 petitions over the period, more than any other subject Committee. Work is ongoing in relation to a number of these, including petitions seeking improvements in chronic pain and epilepsy services in Scotland. The Committee agrees that epilepsy and chronic pain services are under-funded, and that the provision of care is inconsistent. We have recommended to the Executive that this be addressed as an immediate spending priority.

Meetings

11. The Committee met 31 times from 12 May 2001 to 11 May 2002. One meeting was held entirely in private, and 26 partly in private. In the vast majority of cases, items were considered in private because they related to consideration of draft papers, or because individuals who could be identified were being discussed (e.g., because the Committee was considering possible witnesses on a Bill). All the meetings were held in Edinburgh except the 29 April 2002 meeting, which took place in Inverness.

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